Complete and mail this form, together with app

ile fees, to:

Box ISSUE FEE

Assistant Commissioner for Par

Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of malling. correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on QM12/0925 the date indicated below. CAESAR RIVISE BERNSTEIN COHEN POKOTILOW LTD 1635 NARJET STREET 12TH FL00 (Depositor's name) SEVEN PENN CENTER (Signature) PHILADELPHIA PA 19103-2212 2000 (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 3731 09/25/0 09/369,107 08/05/99 019TRUONG. First Named **Applicant** 35 USC 154(b) term ext. O Days. EVANS, TITLE OF INVENTION TRANSMYOCARDIAL REVASCULARIZATION SYSTEM AND METHOD OF USE ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE \$620.00 12/26/0 K1008-20399 606-185.000 862 UTILITY thange of correspondence address or indication of "Fee Address" (37 CFR 1,363). 2. For printing on the patent front page, list Jse of PTO form(s) and Customer Number are recommended, but not required. Caesar, Rivise, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) Bernstein, Cohen & the name of a single firm (having as a Change of correspondence address (or Change of Correspondence Address form Pokotilow, Ltd. member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee

Exton, Pennsylvania Please check the appropriate assignee category indicated below (will not be printed on the patent) 🖾 corporation or other private group entity 💢 government individual The COMMISSIONER OF PATENTS AND TRADEMARKS/IS requested to apply the Issue Fee to the application identified above. (Authorized Signafu (Date) 10/4/00 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for

03-0075

TRANSMIT THIS FORM WITH FEE

of information unless it displays a valid OMB control number.

filing an assignment.

(A) NAME OF ASSIGNEE

Patents, Washington D.C. 20231

Kensey Nash Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

□ Advance Order - # of Copies.

DEPOSIT ACCOUNT NUMBER

□ Advance Order - # of Copies

☑ Issue Fee

(ENCLOSE AN EXTRA COPY OF THIS FORM)

4b. The following fees or deficiency in these fees should be charged to: